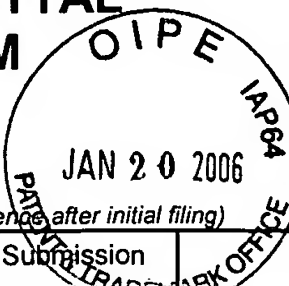
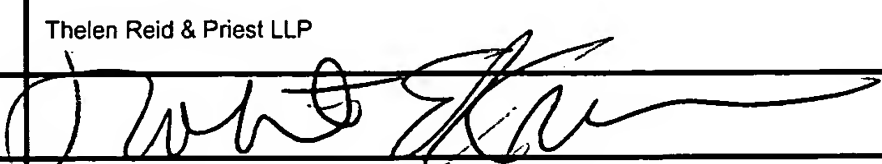
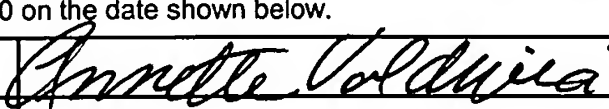


TRANSMITTAL FORM  (to be used for all correspondence after initial filing)	Application Number	10/687,954
	Filing Date	10/17/2003
	First Named Inventor	Michael D. Laufer
	Art Unit	3761
	Examiner Name	Bianco, Patrica
Total Number of Pages in This Submission	Attorney Docket Number	035737-003

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): postcard
Remarks 		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Thelen Reid & Priest LLP		
Signature			
Printed Name	Robert E. Krebs		
Date	17 Jan '05	Reg. No.	25,885

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
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Typed or printed name	Annette Valdivia	Date	1/17/06

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Michael D. Laufer
SERIAL NO.: 10/687,954 CONFIRMATION No.: 9930
FILING DATE: October 17, 2003
TITLE: Minimally Invasive Gastrointestinal Bypass
EXAMINER: Bianco, Patricia
ART UNIT: 3761

CERTIFICATE OF MAILING

I hereby certify that this paper is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450, on the date printed below:

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Name: Annette Valdivia
Annette Valdivia

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

ELECTION IN RESPONSE TO RESTRICTION REQUIREMENT

Dear Sir:

This paper is responsive to the Office Action mailed December 16, 2005. Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 14 of this paper.